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# Effect of Experience of Internal Medicine Residents during Infectious Disease Elective on Future Infectious Disease Fellowship Application

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### Abstract

Poster # 1440

Background: Over 55% of trainees change career plans at least once during residency, but the factors that drive these decisions are underlined. Since 2008 at our institution, internal medicine (IM) residents have been required to do a four-week inpatient ID rotation as an intern. Timing of this rotation was randomly assigned. We evaluated the effect of IM interns' experiences on their ID rotation on future application for ID fellowship.

Methods: Categorical IM Interns rotating at Brooke Army Medical Center between 7/08-6/15 were included. Interns were grouped by eventual application to 10 fellowship (IDA) and non-application (non-IDA). A review of schedules for the Interns, faculty, and fellows was completed. Consult types seen during the Interns' electhes as tracked by fellow case togs were categorized into 18 follows by two ib staff. Up to two different categories could be coded for each consult. Data on trainee/fellow/faculty gender, branch of service, and wans of experience, were obtained.

Results: Between 7/08-6/15, 143 IM Interns rotated through ID. Ten [756] were IDA. Gender, military branch of service, year, and number of co-rotating trainees didn't affect future fellowship application. However, 90% of IDA compared to 46% of non-IDA rotated in block 1-7 (June-January) [pcQ.01]. IDA was not associated with rotating with program leadership or with the level of experience of fellows or factury. There was a medium of 34 and 33 consults seen during the rotatino of IDA and non-IDA respectively. A median of 8 sin & skin structure infection consults were seen during months with IDA compared to 5 by non-IDA (p-0.02). There was also a trend towards more BSI and CNS infections seen during rotations with IDA (p-0.1). Otherwise there was no difference in consult types seen during their rotation.

Conclusions: During a seven year period when all interns were required to rotate on ID, there were minimal differences in consult type on the ID rotation amongst IDA and non-IDA. However, those randomly assigned to rotate on ID in the first six months of their intern year were more likely to become future ID applicants. This supports prior selfreported survey studies that early exposure to the field of ID may impact future career choice.

## Background

- Over 55% of trainees change career plans at least once during residency, but the factors that drive these decisions are undefined
- Since 2008 at our institution, internal medicine (IM) residents have
- been required to do a four-week inpatient ID rotation as an intern.
- Timing of this rotation was randomly assigned.
- We evaluated the effect of IM interns' experiences on their ID rotation on future application for ID fellowship.

#### Methods

- Categorical IM Interns rotating at Brooke Army Medical Center between 7/08-6/15 were included.
- Interns were grouped by eventual application to ID fellowship (IDA) and non-application (non-IDA).
- A review of schedules for the interns, faculty, and fellows was completed. Consult types seen during the interns' electives as tracked by fellow case logs were categorized into 18 topics by two ID staff.
- Up to two different categories could be coded for each consult.
   Data on trainee/fellow/faculty gender, branch of service, and years of experience, were obtained.
- To identify factors associated with IDA, chi-square analysis or Fisher's exact test as appropriate for categorical variables and Mann-Whitney U for continuous variables were performed.
   Statistical analyses were performed using SPSS software (IBM\* SPSS\* Statistics Version 19, Chicago, Illinois).

#### Results

- . Between 7/08-6/15, 143 IM interns rotated through ID.
- Ten (7%) were IDA.
- Gender, military branch of service, year, and number of co-rotating trainees didn't affect future fellowship application.
- However, 90% of IDA compared to 46% of non-IDA rotated in block 1-7 (June-January) (p<0.01).</li>
- IDA was not associated with rotating with program leadership or with the level of experience of fellows or faculty.
- There was a median of 34 and 33 consults seen during the rotation of IDA and non-IDA respectively.
- A median of 8 skin & skin structure infection consults were seen during months with IDA compared to 5 by non-IDA (p=0.02).
- There was also a trend towards more BSI and CNS infections seen during rotations with IDA (p<0.1).</li>
- Otherwise there was no difference in consult types seen during their rotation.

## Results (cont.)

	Applied in ID (n=7)	Didn't Apply (n=112)	P value
otal number of consults	34	34	0.663
Immunosuppressed	5	5	0.936
Burn	0	0	0.460
Orthopedic infections	8	8	0.521
Antibs approval	1	1	0.291
MDR organisms	3	3	0.348
SSSI	8 (6, 9.5)	5 (4,7)	0.023
Fever/infx w/u	4	3	0.252
Pulmonary infections	2	4	0.402
IAI	1	2	0.418
Tropical diseases	0	0	0.457
Bloodstream infections	6	6	0.151
CNS infections	2	1	0.159
UTI	2	2	0.633
Viral infections	0 (0,0)	0 (0,1)	0.058
TB/LTBI	0	0	0.662
STIS	0 (0,0.5)	0 (,00)	0.051
Fungal Infections	1	2	0.812
ENT infections	0	0	0.638
Miscellaneous	0	0	0.386
Total subtypes	43	42.5	0.372

## Results (cont.)

	Applied in ID n=7 (%)	Didn't Apply n=112, (%)	P value
Male Sex	4 (57)	79 (71)	0.43
Service affiliation of			0.71
resident	5 (71)	69 (62)	
USAF	2 (29)	42 (38)	
USA	188.00		
Rotating	The second		0.004
block 1-7	7 (100)	64 (57)	
block 8-13	0	48 (43)	
Number of corotators (median)	2	2	0.863

### Conclusions

- During a seven-year period when all interns were required to rotate on ID, there were minimal differences in consult type on the ID rotation amongst IDA and non-IDA.
- However, those randomly assigned to rotate on ID in the first six months of their intern year were more likely to become future ID applicants.
- This supports prior self-reported survey studies that early exposure to the field of ID may impact future career choice.

#### Acknowledgments

Disclaimer. The view(s) expressed herein are those of the author(s) and do not reflect the official policy or position of Brooke Army Medical Center, the U.S. Army Medical Department, the U.S. Army Office of the Surgeon General, the Department of the Air Force, the Department of the Army or the Department of Defense or the U.S. Government.

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